

**PAYEE DATA RECORD****(Required in lieu of IRS W-9 when doing business with the State of California)**

STD. 204 (REV. 2-2000)

**NOTE: Governmental entities, federal, state, and local (including school districts) are not required to submit this form.**

SECTION 1 must be completed by the requesting state agency before forwarding to the payee

<b>1</b>	DEPARTMENT/OFFICE STREET ADDRESS CITY, STATE, ZIP CODE TELEPHONE NUMBER	<b>PURPOSE:</b> Information contained in this form will be used by state agencies to prepare information Returns (Form 1099) and for withholding on payments to nonresident payees. Prompt return of this fully completed form will prevent delays when processing payments. <b>(See Privacy Statement on reverse)</b>				
<b>PLEASE RETURN TO:</b>						
<b>2</b>	PAYEE'S BUSINESS NAME  MAILING ADDRESS (Number and Street or P. O. Box Number)  (City, State and Zip Code)					
<b>3</b>	CHECK ONE BOX ONLY <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> LEGAL CORPORATION  <input type="checkbox"/> MEDICAL CORPORATION  <input type="checkbox"/> EXEMPT CORPORATION  <input type="checkbox"/> ALL OTHER CORPORATIONS            FEDERAL EMPLOYERS IDENTIFICATION NUMBER (FEIN)  <div style="border-bottom: 1px solid black; width: 100%;"></div> </div> <div style="width: 48%;"> <input type="checkbox"/> PARTNERSHIP  <input type="checkbox"/> ESTATE OR TRUST         </div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR            SOCIAL SECURITY NUMBER OF OWNER  <div style="border-bottom: 1px solid black; width: 100%;"></div>           OWNER'S FULL NAME (Print)  <div style="border-bottom: 1px solid black; width: 100%;"></div> </div>	<b>NOTE:</b> State and local governmental entities, including school districts are not required to submit this form.  <b>NOTE:</b> Payment will not be processed without an accompanying taxpayer I.D. number.				
<b>4</b>	CHECK APPROPRIATE BOX(ES) <div style="margin-top: 10px;"> <input type="checkbox"/> California Resident - Qualified to do business in CA or a permanent place of business in CA  <input type="checkbox"/> Nonresident (See Reverse) Payments to nonresidents for services may be subject to state withholding  <input type="checkbox"/> WAIVER OF STATE WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED  <input type="checkbox"/> SERVICES PERFORMED OUTSIDE OF CALIFORNIA/ GOODS ONLY SOLD TO CALIFORNIA         </div>	<b>NOTE:</b> a. An estate is a resident if decedent was a California resident at time of death. b. A trust is a resident if at least one trustee is a California resident. (See reverse)				
<b>5</b>	<b>I hereby certify under penalty of perjury that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you.</b>					
<b>CERTIFYING SIGNATURE</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)</td> <td style="width: 50%;">TITLE</td> </tr> <tr> <td>SIGNATURE  </td> <td>           DATE            TELEPHONE NUMBER         </td> </tr> </table>		AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)	TITLE	SIGNATURE  	DATE TELEPHONE NUMBER
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